

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on <div style="display: inline-block; text-align: center;">M M / D D / Y Y Y Y Y Y 04 / 25 / 2019</div>	

Full Name of Payee Headway Workforce Solutions		Date of Public Distribution/Dissemination <div style="display: inline-block; text-align: center;">M M / D D / Y Y Y Y Y Y 04 / 24 / 2019</div>	
Mailing Address 421 Fayetteville St #1020		Amount <div style="display: inline-block; text-align: center;">1500.00</div>	
City Raleigh	State NC	Zip Code 27601	Transaction ID : SE.13637
Purpose of Expenditure Phone calls		Category/Type 004	Date of Disbursement or Obligation <div style="display: inline-block; text-align: center;">M M / D D / Y Y Y Y Y Y 04 / 24 / 2019</div>
Name of Federal Candidate PERRY, JOAN, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2019 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee i360		Date of Public Distribution/Dissemination <div style="display: inline-block; text-align: center;">M M / D D / Y Y Y Y Y Y 04 / 24 / 2019</div>	
Mailing Address P.O. Box 37046		Amount <div style="display: inline-block; text-align: center;">500.00</div>	
City Baltimore	State MD	Zip Code 21297-3046	Transaction ID : SE.13635
Purpose of Expenditure Phone calls		Category/Type 004	Date of Disbursement or Obligation <div style="display: inline-block; text-align: center;">M M / D D / Y Y Y Y Y Y 04 / 24 / 2019</div>
Name of Federal Candidate PERRY, JOAN, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2019 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="display: inline-block; text-align: center;">2000.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="display: inline-block; text-align: center;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="display: inline-block; text-align: center;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Buchanan, Emily, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
04 / 25 / 2019

Signature

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M M M	/	D D D	/	Y Y Y Y Y Y								
04		25		2019								

Full Name of Payee i360		Date of Public Distribution/Dissemination <table border="1" style="display:inline-table"><tr><td>M M M</td><td>/</td><td>D D D</td><td>/</td><td>Y Y Y Y Y Y</td></tr><tr><td>04</td><td></td><td>25</td><td></td><td>2019</td></tr></table>	M M M	/	D D D	/	Y Y Y Y Y Y	04		25		2019
M M M	/	D D D	/	Y Y Y Y Y Y								
04		25		2019								
Mailing Address P.O. Box 37046		Amount <table border="1" style="display:inline-table"><tr><td colspan="5">150.00</td></tr></table>	150.00									
150.00												
City Baltimore	State MD	Zip Code 21297-3046										
Purpose of Expenditure Emails	Category/ Type 004	Transaction ID : SE.13641 Date of Disbursement or Obligation <table border="1" style="display:inline-table"><tr><td>M M M</td><td>/</td><td>D D D</td><td>/</td><td>Y Y Y Y Y Y</td></tr><tr><td>04</td><td></td><td>25</td><td></td><td>2019</td></tr></table>	M M M	/	D D D	/	Y Y Y Y Y Y	04		25		2019
M M M	/	D D D	/	Y Y Y Y Y Y								
04		25		2019								
Name of Federal Candidate PERRY, JOAN, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NC										
Calendar Year-To-Date Per Election for Office Sought <table border="1" style="display:inline-table"><tr><td colspan="5">66153.64</td></tr></table>		66153.64					Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2019 <input type="checkbox"/> Other (specify) ▶					
66153.64												

Full Name of Payee Media Bridge		Date of Public Distribution/Dissemination <table border="1" style="display:inline-table"><tr><td>M M M</td><td>/</td><td>D D D</td><td>/</td><td>Y Y Y Y Y Y</td></tr><tr><td>04</td><td></td><td>25</td><td></td><td>2019</td></tr></table>	M M M	/	D D D	/	Y Y Y Y Y Y	04		25		2019
M M M	/	D D D	/	Y Y Y Y Y Y								
04		25		2019								
Mailing Address 11300 Astarita Ave		Amount <table border="1" style="display:inline-table"><tr><td colspan="5">4000.00</td></tr></table>	4000.00									
4000.00												
City Partlow	State VA	Zip Code 22534										
Purpose of Expenditure Emails	Category/ Type 004	Transaction ID : SE.13639 Date of Disbursement or Obligation <table border="1" style="display:inline-table"><tr><td>M M M</td><td>/</td><td>D D D</td><td>/</td><td>Y Y Y Y Y Y</td></tr><tr><td>04</td><td></td><td>25</td><td></td><td>2019</td></tr></table>	M M M	/	D D D	/	Y Y Y Y Y Y	04		25		2019
M M M	/	D D D	/	Y Y Y Y Y Y								
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Name of Federal Candidate PERRY, JOAN, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NC										
Calendar Year-To-Date Per Election for Office Sought <table border="1" style="display:inline-table"><tr><td colspan="5">66003.64</td></tr></table>		66003.64					Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2019 <input type="checkbox"/> Other (specify) ▶					
66003.64												

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<table border="1" style="display:inline-table"><tr><td colspan="5">4150.00</td></tr></table>	4150.00				
4150.00						
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<table border="1" style="display:inline-table"><tr><td colspan="5"></td></tr></table>					
(c) TOTAL Independent Expenditures.....▶	<table border="1" style="display:inline-table"><tr><td colspan="5">6150.00</td></tr></table>	6150.00				
6150.00						

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Buchanan, Emily, , ,

[Electronically Filed]

Date

M M M	/	D D D	/	Y Y Y Y Y Y
04		25		2019

Signature